

## Request for Therapy Use Exemption from Swimming Pool and Spa Rules

Return to: Iowa Department of Public Health

Swimming Pool Program 321 East 12<sup>th</sup> Street Des Moines, IA 50319 Phone: (515) 281-3548

Fax: (515) 281-4529

This form shall be completed by an authorized facility representative, agency, or owner.

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Owner Name:						
Owner Address:						
City:		State:		Zip:		
Facility Name:						
Facility Address:						
City:		State: IA Zip:		Zip:		County:
Authorized Representative (please print):						
Contact Phone:			Contact Email:			
Pool or Spa	Surface Area (ft <sup>2</sup> ):				Volume (gls):	
Registration Number (if previously registered):						
Pool or Spa	Pool or Spa Surface Area (ft²):			Volume (g		s):
Registration Number (if previously registered):						
Swimming pools or spas used exclusively for therapy under the direct supervision of qualified medical personnel are exempt from regulation pursuant to lowa Code §135I.2 and lowa Administrative Code 64115.1(2).						
Therefore I certify that:						
<ul> <li>The swimming pool and/or spa identified above will be used exclusively for therapy and is under the direct supervision of qualified medical personnel when in use.</li> </ul>						
<ul> <li>Under penalty of perjury and pursuant to the laws of the state of lowa that the preceding is true and accurate.</li> </ul>						
It is understood that if at any time it is determined that the above conditions for exemption no longer apply or are being violated the swimming pool and/or spa will again be subject to regulation under lowa Code §135I and Iowa Administrative Code 641, Chapter 15.						
Signature of Authorized Representative:						
Date:						

FOR DEPARTMENT USE ONLY						
Owner #:	Location #:	Registration #:				